

**FIG. 1**

Start

132

"WELCOME TO INTERNAL MEDICINE NORTHWEST\_S AUTOMATED TRIAGE SYSTEM. PLEASE LISTEN CAREFULLY AND ENTER THE REQUESTED INFORMATION. IF YOU EXPERIENCE ANY PROBLEMS CALL (253) 272-0263.

IF YOU ARE CALLING FROM A PHARMACY PRESS 1.

"IF YOU ARE CALLING FROM A DOCTOR\_S OFFICE PRESS  
2.

IF YOU ARE AN INTERNAL MEDICINE PHYSICIAN AND  
REQUIRE PATIENT DRUG HISTORY PRESS 3

134

User presses digit 1,2,3,or 4

**FIG. 2**

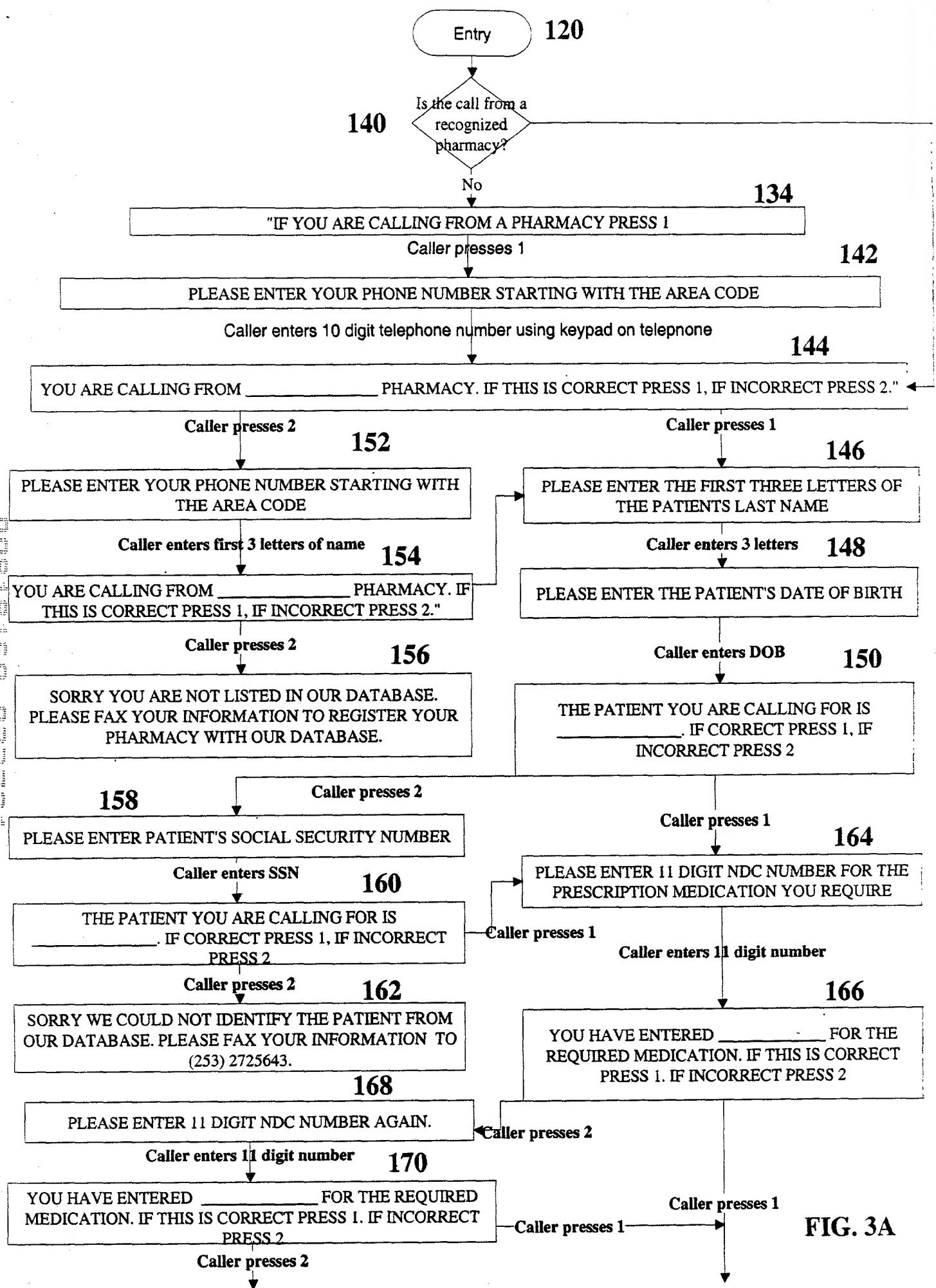


FIG. 3A

1/2

174

SORRY WE COULD NOT IDENTIFY THE MEDICATION FROM OUR DATABASE. PLEASE FAX YOUR INFORMATION TO (253) 2725643.

PLEASE ENTER THE DATE THIS PRESCRIPTION WAS LAST FILLED

Caller enters date 176

Caller presses 2

182

PLEASE ENTER THE DATE AGAIN

184

YOU HAVE ENTERED xx/xx/xx. IF CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 2

190

PLEASE ENTER THE FIRST AND LAST NAME INTIALS OF THE PRESCRIBING PHYSICIAN, AGAIN

192

Caller enters initials

Caller presses 1

THE PRESCRIBING PHYSICIAN IS \_\_\_\_\_. IF CORRECT PRESS 1, IF INCORRECT PRESS 2."

Caller presses 2

194

WE WILL TRY TO IDENTIFY THE PRESCRIBING PHYSICIAN. IF WE CAN NOT ISSUE THE PRESCRIPTION WE WILL CONTACT YOU

200

Caller presses 2

PLEASE ENTER THE QUANTITY REQUESTED. AGAIN

Caller enters quantity

202

YOU HAVE ENTERED xx. IF CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 2

Caller presses 1

204

PLEASE FAX YOUR INFORMATION INCLUDING PHARMACY NAME, PATIENT NAME, PHONE NUMBER, DATE OF BIRTH AND SOCIAL SECURITY NUMBER AND PRESCRIPTION INFORMATION TO (253) 2725643.

YOU HAVE ENTERED xx/xx/xx. IF CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 1

178

PLEASE ENTER THE FIRST AND LAST NAME INTIALS OF THE PRESCRIBING PHYSICIAN

Caller enters initials

180

THE PRESCRIBING PHYSICIAN IS \_\_\_\_\_. IF CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 1

186

PLEASE ENTER THE QUANTITY REQUESTED

Caller enters quantity

188

YOU HAVE ENTERED xx. IF CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 1

196

YOU HAVE REQUESTED XX \_\_\_\_\_. (MEDICATION) FOR \_\_\_\_\_. IF THIS IS CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 1

198

YOUR CONFIRMATION NUMBER IS xxxxxxx. "THANK YOU FOR USING INTERNAL MEDICINE NORTHWEST'S AUTOMATED TRIAGE SYSTEM

FIG. 3B

Start

110

134

IF YOU ARE CALLING FROM A DOCTOR'S OFFICE PRESS 2

210

PLEASE ENTER YOUR PHONE NUMBER STARTING WITH THE AREA CODE

212

YOU ARE CALLING FROM \_\_\_\_\_, IF THIS IS CORRECT PRESS 1, IF INCORRECT PRESS 2

216

PLEASE ENTER YOUR PHONE NUMBER STARTING WITH  
THE AREA CODE

218

Caller enters phone number

Caller presses 1

YOU ARE CALLING FROM \_\_\_\_\_ DOCTOR'S  
OFFICE. IF THIS IS CORRECT PRESS 1, IF INCORRECT  
PRESS 2."

220

Caller presses 2

SORRY YOU ARE NOT LISTED IN OUR DATABASE.  
PLEASE FAX YOUR INFORMATION TO REGISTER YOUR  
OFFICE WITH OUR DATABASE.

228

Caller presses 2

PLEASE ENTER PATIENT'S SOCIAL SECURITY NUMBER

230

Caller enters SSN

THE PATIENT YOU ARE CALLING FOR IS  
\_\_\_\_\_ IF CORRECT PRESS 1, IF INCORRECT  
PRESS 2

232

Caller presses 2

SORRY WE COULD NOT IDENTIFY THE PATIENT FROM  
OUR DATABASE. PLEASE FAX YOUR INFORMATION TO  
(253) 2725643.

Caller presses 2

YOU HAVE ENTERED (253) XXX XXXX. IF THIS  
CORRECT PRESS 1, IF INCORRECT PRESS 2

Caller presses 1

End Call

214

PLEASE ENTER THE PATIENT'S DATE OF BIRTH

222

PLEASE ENTER THE FIRST 3 LETTERS OF THE  
PATIENT'S LAST NAME

Caller enters DOB

224

THE PATIENT YOU ARE CALLING FOR IS  
\_\_\_\_\_ IF CORRECT PRESS 1, IF  
INCORRECT PRESS 2

Caller presses 1

226

" \_\_\_\_\_ S HISTORY AND PHYSICAL  
REPORT WILL BE FAXED TO (253) XXX XXXX. IF  
YOU WANT US TO FAX THE REPORT TO A  
DIFFERENT PHONE NUMBER PLEASE PRESS 9

Caller hangs up or does not make entry 234

End Call

Caller enters 9

236

PLEASE ENTER THE FAX NUMBER THAT YOU  
WANT THE REPORT FAXED TO STARTING  
WITH THE AREA CODE

Caller enters 10 digit telephone number 240

Caller presses 1

End Call

FIG. 4

Incorrect

Entry

134

IF YOU ARE AN INTERNAL MEDICINE PHYSICIAN AND REQUIRE PATIENT DRUG HISTORY PRESS 3

242

PLEASE ENTER YOUR USER IDENTIFICATION FOLLOWED BY THE POUND SIGN

244

PLEASE ENTER YOUR SECURITY PASSCODE FOLLOWED BY THE POUND SIGN

246 Physician types in PIN number. System matches security code to physician name in database table

Incorrect

Correct

252

PLEASE ENTER YOUR USER IDENTIFICATION FOLLOWED BY THE POUND SIGN

248

PLEASE ENTER YOUR SECURITY PASSCODE FOLLOWED BY THE POUND SIGN

250

Physician types PIN number

SORRY YOU ARE NOT LISTED IN OUR DATABASE.  
PLEASE CONTACT THE PRACTICE ADMINISTRATOR TO  
BE ENTERED INTO OUR SYSTEM

264

Physician presses 2

► PLEASE ENTER PATIENT\_S SOCIAL SECURITY NUMBER

Physician types SSN

THANK YOU(Dr. Munoz) WE WILL NOW IDENTIFY  
THE PATIENT

254

TO IDENTIFY THE PATIENT USING DATE OF BIRTH AND  
LAST NAME PRESS 1 TO IDENTIFY THE PATIENT USING  
SOCIAL SECURITY NUMBER PRESS 2

Physician presses 1

256

PLEASE ENTER THE PATIENT\_S DATE OF BIRTH  
BEGINNING WITH THE FOUR DIGIT YEAR, FOR  
EXAMPLE 1954

Physician types 4 digit year

258

PLEASE ENTER THE 2 DIGIT MONTH FOR EXAMPLE  
FOR FEBRUARY ENTER 02

physician types 2 digit day

260

PLEASE ENTER THE 2 DIGIT DATE, FOR EXAMPLE 09  
FOR THE 9 OF THE MONTH

Physician types 2 digit month

262

PLEASE ENTER THE FIRST 3 LETTERS OF THE  
PATIENTS LAST NAME. FOR Q & Z USE 0

Physician types 3 letters

266

THE PATIENT YOU ARE CALLING FOR IS  
\_\_\_\_\_ IF CORRECT PRESS 1, IF INCORRECT  
PRESS 2

Physician types 2

Is this the first  
incorrect match

Yes

268

Physician types 1

FIG. 5A

Physician types 2

TO REENTER THE PATIENTS DATE OF BIRTH AND  
NAME PLEASE PRESS 1. TO IDENTIFY THE PATIENT  
USING THEIR SOCIAL SECURITY NUMBER PRESS 2

Physician types 1

270

SORRY, WE COULD NOT IDENTIFY THE PATIENT FROM OUR DATABASE. PLEASE CALL THE OFFICE AT (253) 272-0263

PLEASE ENTER THE NUMBER OF MONTHS OF PRESCRIPTION HISTORY YOU WOULD LIKE FOLLOWED BY THE POUND KEY. FOR EXAMPLE, ENTER 4 FOLLOWED BY THE POUND SIGN FOR 4 MONTHS OF PRESCRIPTION HISTORY

278

PLEASE ENTER THE NUMBER OF MONTHS OF PRESCRIPTION HISTORY YOU WOULD LIKE FOLLOWED BY THE POUND KEY. FOR EXAMPLE, ENTER 4 FOLLOWED BY THE POUND SIGN FOR 4 MONTHS OF PRESCRIPTION HISTORY

280

YOU HAVE ENTERED \_\_\_\_\_ MONTHS OF PRESCRIPTION HISTORY. IF THIS IS CORRECT PRESS 1. IF INCORRECT PRESS 2

282

SORRY WE COULD NOT IDENTIFY THE NUMBER OF MONTHS REQUIRED. SIX MONTHS OF PRESCRIPTION HISTORY WILL BE FAXED TO YOUR LOCATION

290

PLEASE ENTER THE FAX NUMBER THAT YOU WANT THE REPORT FAXED TO STARTING WITH THE AREA CODE

292

YOU HAVE ENTERED (253) XXX XXXX. IF THIS CORRECT PRESS1, IF INCORRECT PRESS 2."

Physician presses 2

Physician presses 2

Physician types in number of months

276

YOU HAVE ENTERED \_\_\_\_\_ MONTHS OF PRESCRIPTION HISTORY. IF THIS IS CORRECT PRESS 1. IF INCORRECT PRESS 2

Physician presses 1

284

MONTH\_S PRESCRIPTION HISTORY WILL BE FAXED TO YOU

Physician presses 1

286

PLEASE ENTER THE FAX NUMBER THAT YOU WANT THE REPORT FAXED TO STARTING WITH THE AREA CODE

Physician types telephone number

288

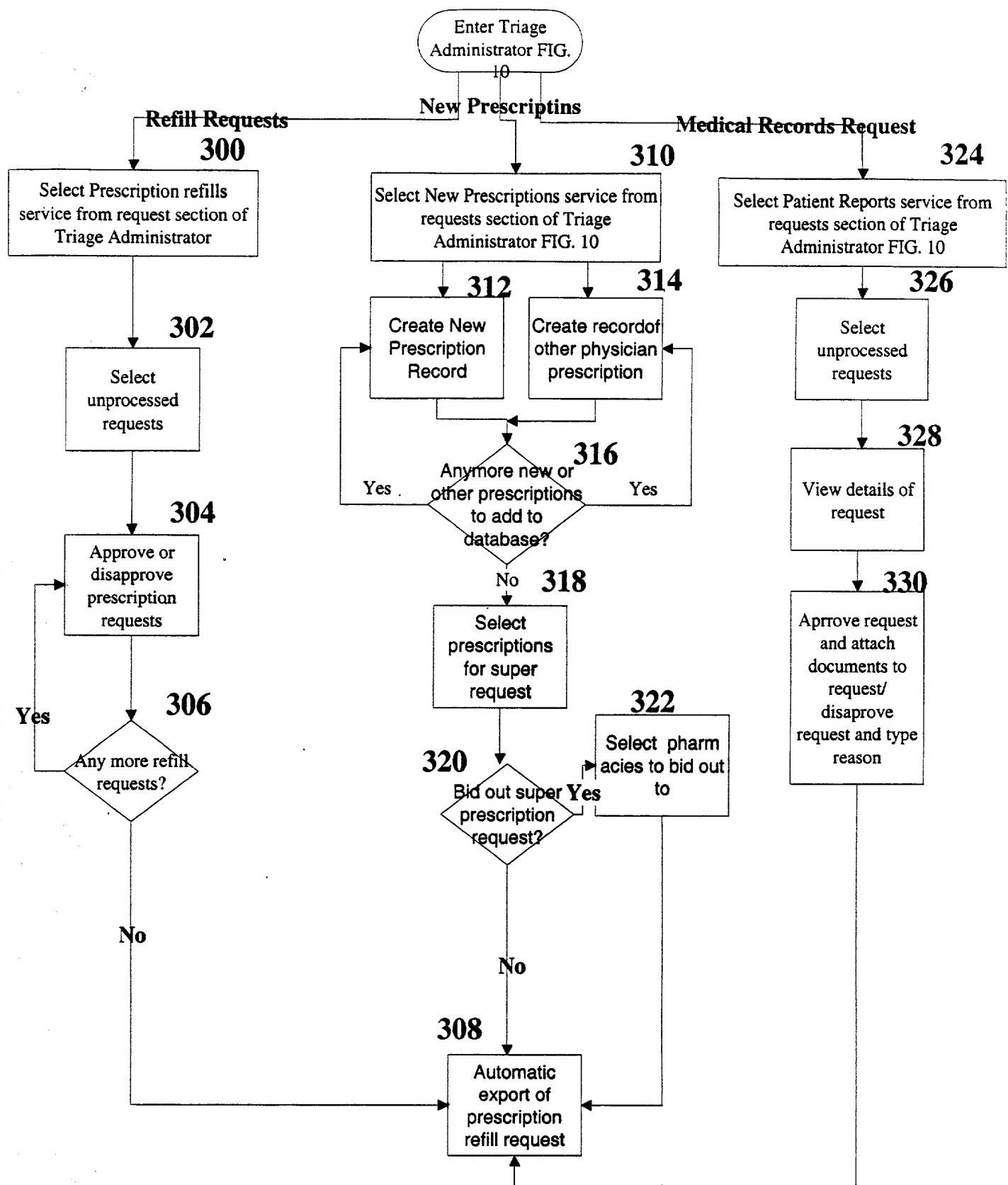
YOU HAVE ENTERED (253) XXX XXXX. IF THIS CORRECT PRESS1, IF INCORRECT PRESS 2."

Physician presses 1

294

Physician presses 1

X moths of (Patients Name) prescription history will be faxed to you at xxx-xxx-xxxx momentarily



**FIG. 6**

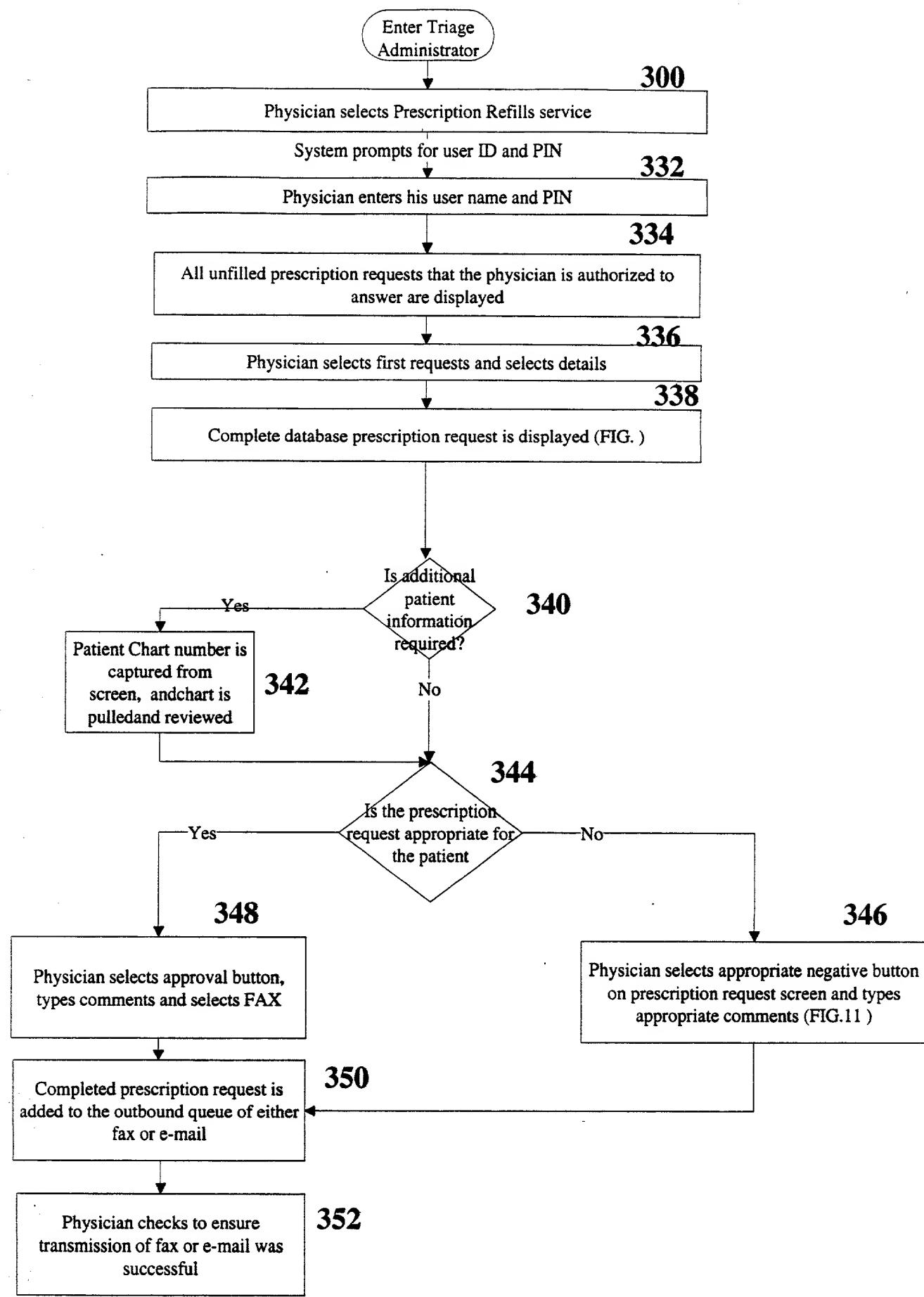
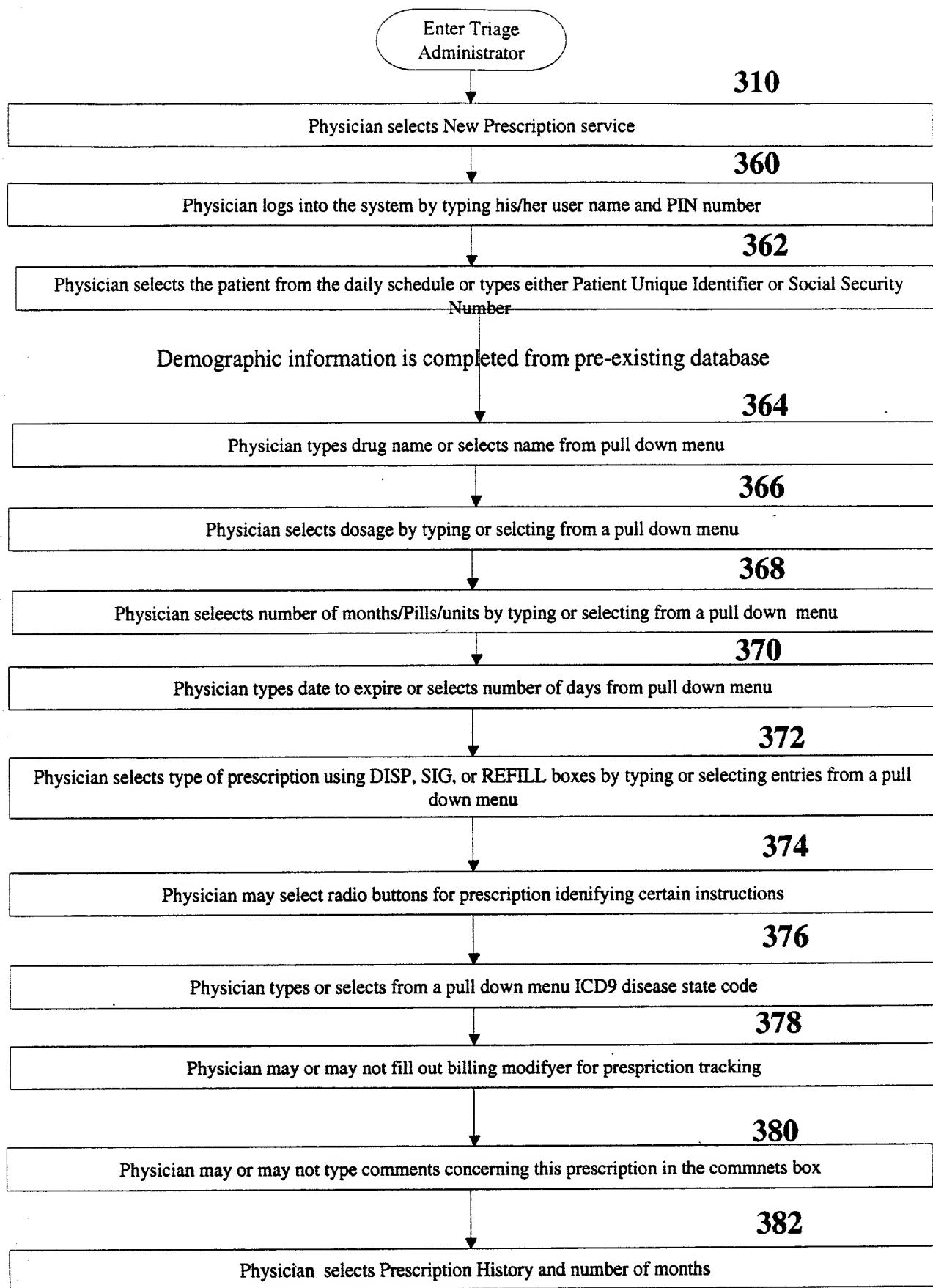
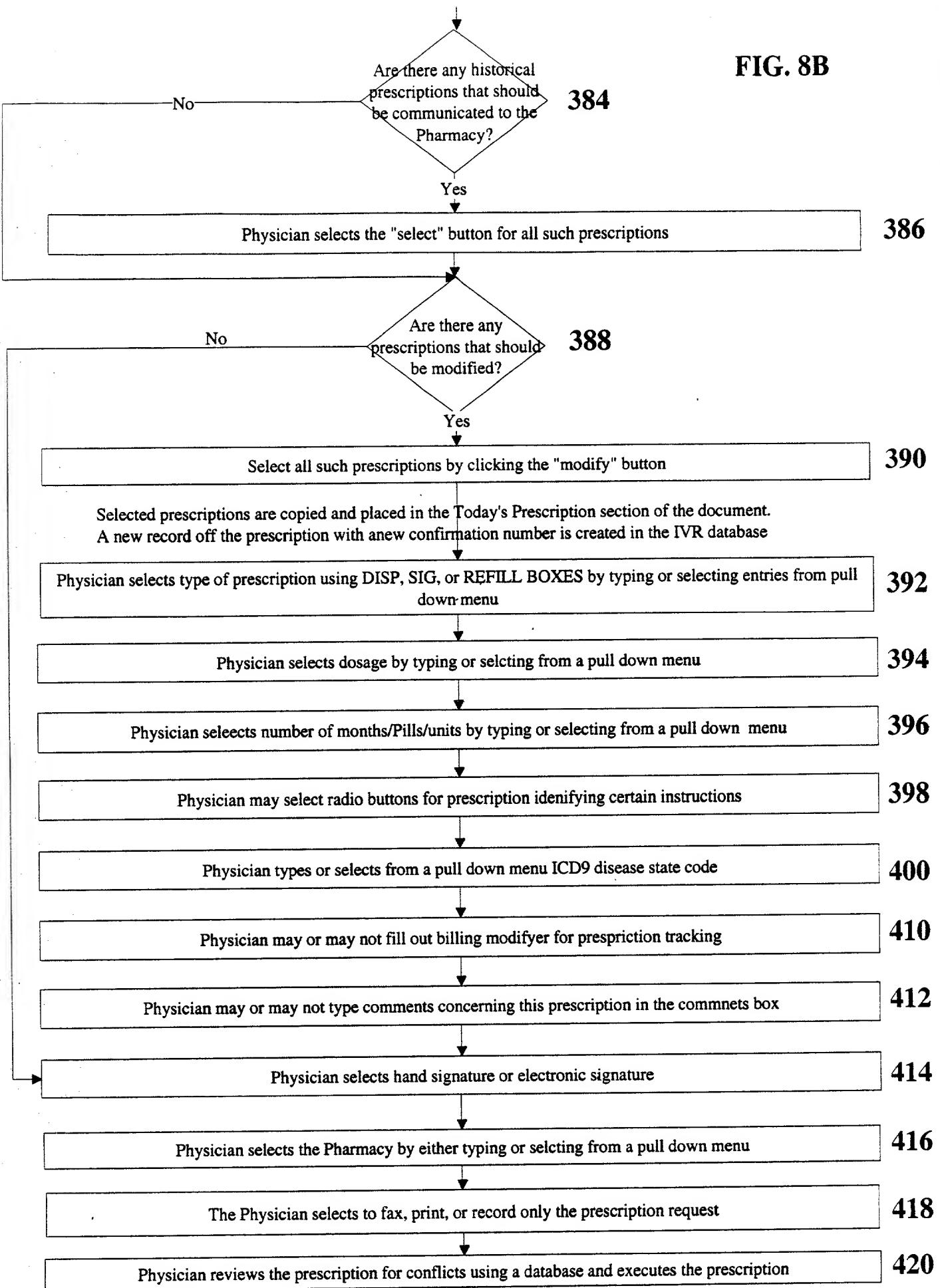


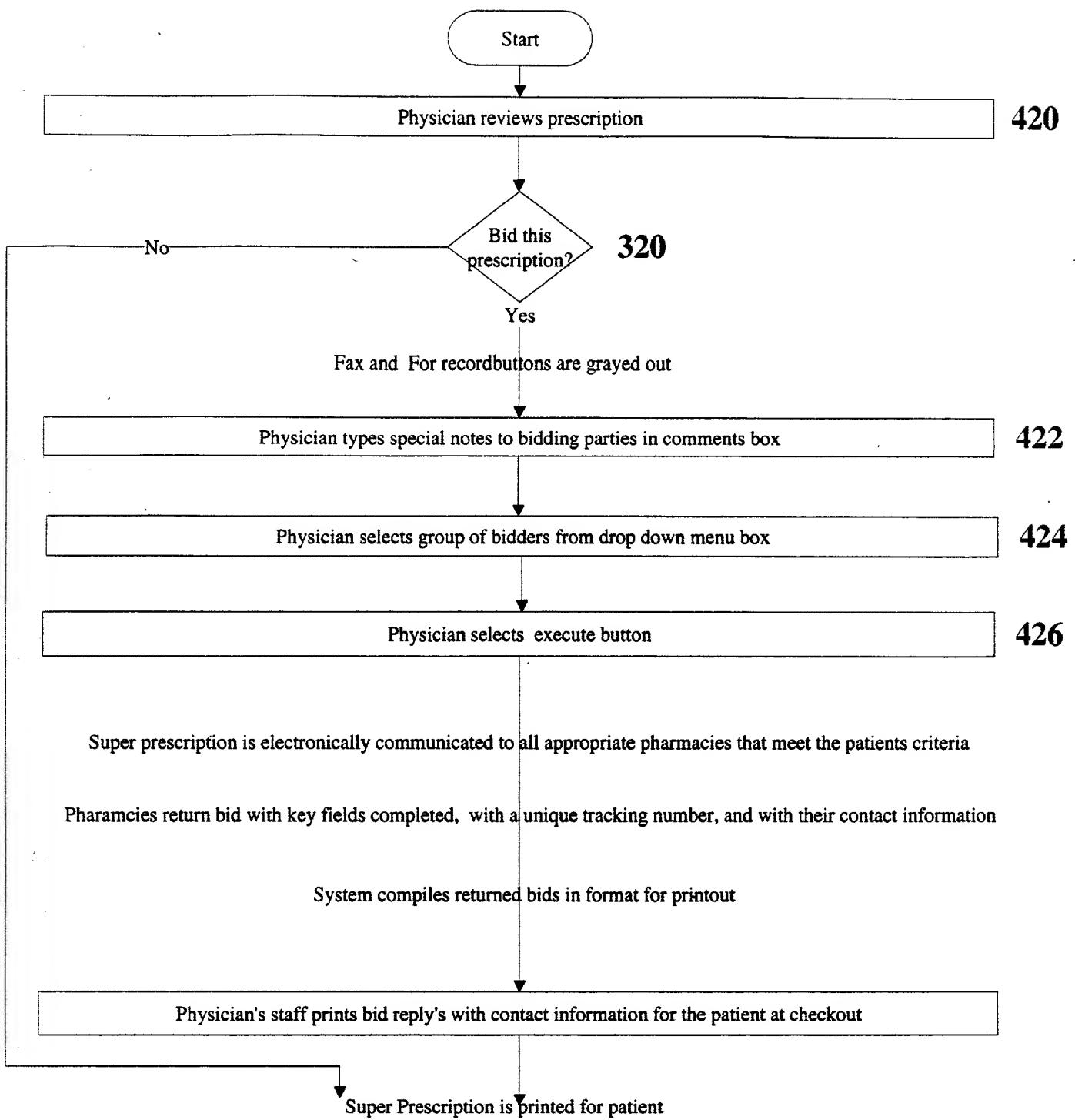
FIG. 7



**FIG. 8A**

FIG. 8B





**FIG. 9**

## ■ Triage - Administrator

X

### Internal Medicine Northwest's Automated Triage System

Data Administration:

Doctor's Offices

Nursing Homes

Pharmacies

Physicians

Patients

Medication List

Requests:

Prescription Refills

Patient Reports

Voice Mail

Fax Admin

Print Schedule

New Prescription



**THE WHITTIER GROUP**

*A Change Management Company*



FIG. 10

Triage Automated IVR

Prescription Refill Request (Details)

Confirmation Number	00004083	<input checked="" type="checkbox"/> Processed	Fax Reply
Date	1999/12/05	Processing Staff	
Time	14:53:28	Mike Munoz	
Location	Chung Pharmacy	Date	1999/12/05
Phone Number	2535842484	Time	20:55:40
Fax Number	2532725643	Comments:	
Social Security #	558-06-33	<input checked="" type="radio"/> Approved	
Patient Name	Munoz, Michael	<input type="radio"/> Patient must schedule an appointment	
wp#		<input type="radio"/> Patient is not on this medication or medication is not appropriate	
Medication and Dosage	250 MG \ CECLOR PULVULES	<input type="radio"/> Our physicians do not treat this patient	
Prescribing Physician	Munoz, David	<input type="radio"/> We will call you in reference to this request	
Quantity	30		
Last Refill Date	1999/09/01		

Print Done

FIG. 11

## Patient Report Requests

(Details)

Date 1999/12/05

Time 22:13:16

Report Type History and Physical

Destination Type Nursing Home

Destination Name Orchard Park East Wing

Phone Number 313

Fax Number 2532725643

Patient Name SHELDEN, COLLEEN

Social Security # 504285820

wp # 66

 Processed

Print

Done

FIG. 12



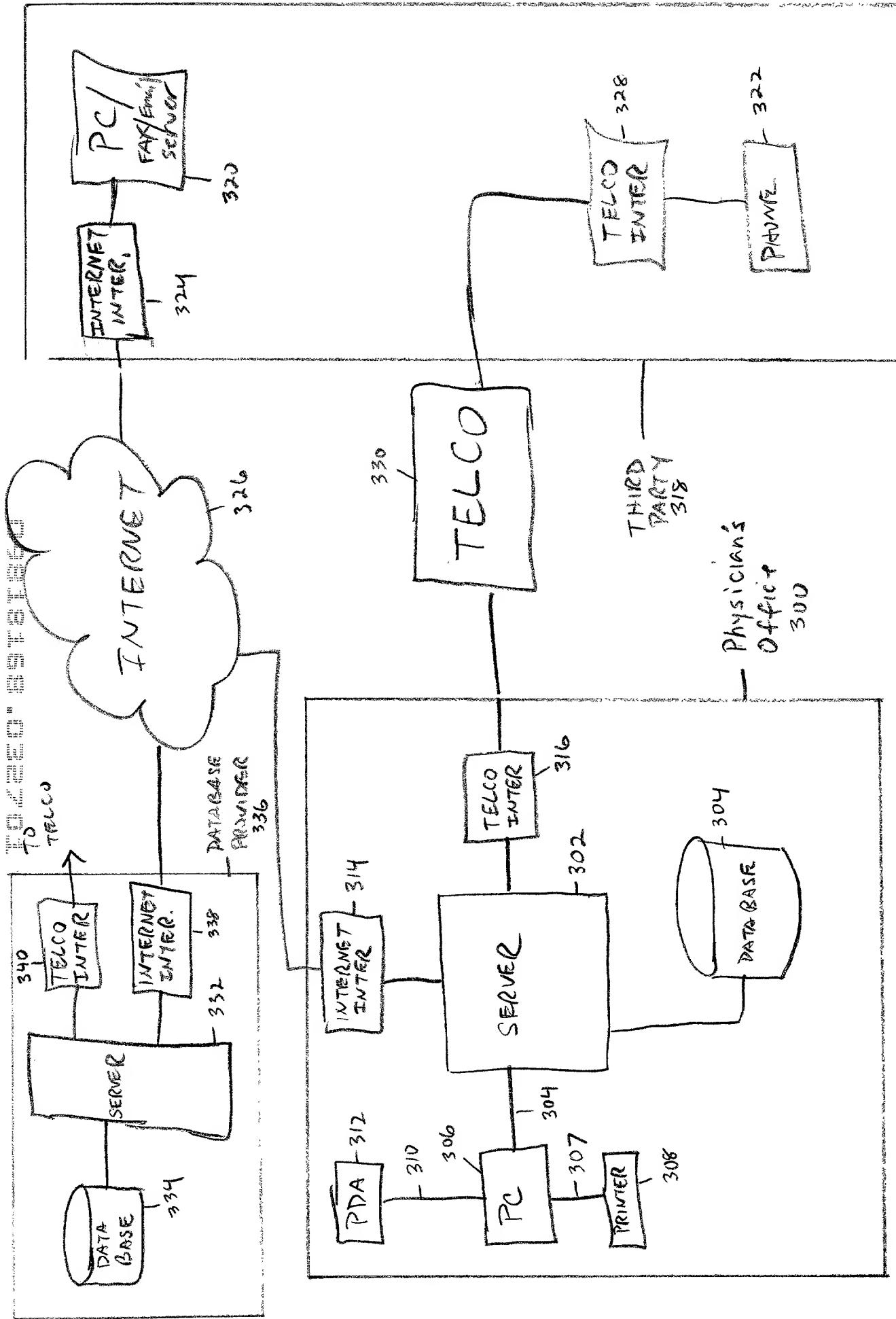


Fig. 14